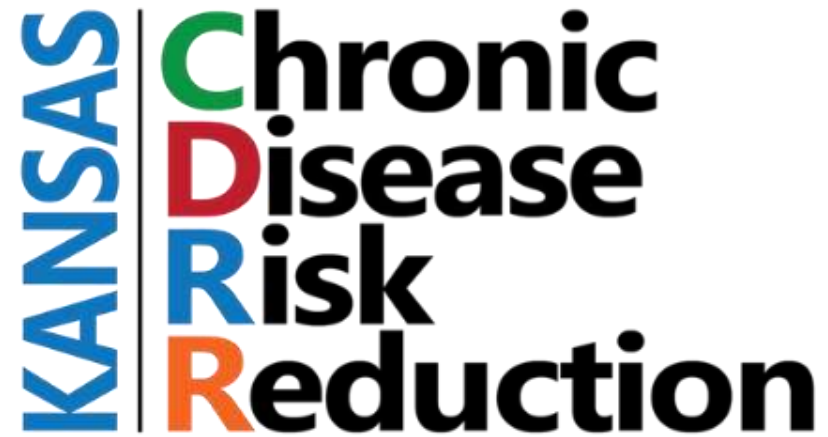


Welcome and
Overview

Community
Toolbox

Application
Instructions

Q and A



Goal 1

Goal 2

Goal 3

Goal 4

Goal 5

Welcome and Overview

- Introductions
- Q and A—use note cards to write down your questions
- Mission of CDRR:

Promote Healthy Communities through policies, systems and environmental changes that support and promote:

- ❖ Tobacco use prevention and dependence treatment
- ❖ Access to healthy foods and physical activity opportunities
- ❖ Chronic disease management



Community Health Promotion

Jennifer Church, Section Director

Shannon DeVader, Epidemiologist

Carol Cramer, TUPP Manager

Warren Hays, Physical Activity and Nutrition Manager

Emily Carpenter, Physical Activity and Nutrition PH Educator

Matthew Schrock, Cessation Coordinator

Jordan Roberts, Community Health Specialist, NE & Youth Manager

Courtney Koenig, Community Health Specialist, SE

Lisa Frey Blume, Training and Outreach Coordinator, SC

Kathy Albert, Community Health Specialists, W

Halee Stevens, Media and Policy Coordinator



Priority Goal Areas

- **Goal 1:** Prevent initiation of tobacco use among young people
- **Goal 2:** Eliminate nonsmokers' exposure to secondhand smoke
- **Goal 3:** Promote quitting among adults and young people
- **Goal 4:** Increase physical activity, access to healthy foods, and community resiliency
- **Goal 5:** Increase the ability of those with chronic disease to manage their condition(s)



What's New for FY19?

- Community Health Assessment Requirement Removed
- Goal 4 - Physical Activity and Nutrition
 - Breastfeeding added
 - Worksite and farmers market strategies removed



Planning/Capacity and Implementation Phases

- Planning Phase
 - Apply for a Planning/Capacity Phase if:
 - Community does not have an active coalition focused on community health
- Implementation Phase
 - Community has an active coalition
 - Tobacco work plan required
- Both phases
 - Coalition or sub-committee focused on tobacco use prevention



Eligible Expenses

- Salary
- Travel
- Professional development
- Supplies
- Campaigns/media
- Signage (e.g., wayfinding, trail markers)
- Consultants, contractors
- Facility, equipment rental
- Speaker fees
- Educational materials



Ineligible Expenses

- Food (e.g., meals, snacks for meetings)
- Direct services (e.g., tobacco cessation, nutrition counseling)
- Medications
- Lobbying
- Incentives (e.g., water bottles, t-shirts)
- Capital equipment/infrastructure (e.g., concrete, asphalt)



Match

- 25% match required for every dollar awarded
- Examples of match:
 - Other grants that support / complement / supplement workplan
 - In-kind staff time
 - Food provided by local organizations for meetings



Media News and Support

- Halee Stevens, MA, Media and Policy Coordinator
- Quarterly media resources packet
- Press releases, social media graphics, other communications resources

halee.stevens@ks.gov

785-296-1118



Governor's Council on Fitness Walking Promotion and Enhancement Funding Opportunity

Warren Hays, MPP

Physical Activity and Nutrition Manager



Building Capacity for Community Engagement with the Community Tool Box

Vincent Francisco, PhD, Director, Center for Community Health and
Development, University of Kansas

IMPLEMENTATION

**Chronic Disease Risk Reduction Request for Proposal Guidance and
Application Process**



Overall Tips for Application

- Picking a Workplan
 - Do your homework, e.g., what policies already exist at the school, park, etc.?
 - Data driven priorities
- SMART Objectives – 1 and 3 year
 - What measurable objective do you hope to accomplish this year, in 3 years?
- Action Steps
 - 5-10 logical steps (don't get too much in the weeds)
- Required versus additional performance measures with data sources



Evidence and Long-Term Impact Narrative

Checklist

- ✓ Evidence based
- ✓ Policy System or Environment Change
- ✓ Synergy with existing community initiatives
- ✓ Health Equity





Goal 1: Prevent initiation of tobacco use among young people

1. Increase the number of youth engaged in tobacco control efforts.
2. Increase the number of communities that adopt, strengthen and enforce policies that restrict youth access to tobacco products.
3. Increase the number of schools or school districts with 100% tobacco-free policies and plan for enforcement
4. Increase the number of colleges/universities with 100% tobacco-free policies and plan for enforcement



Increase the number of youth engaged in tobacco control efforts.



Annual Year SMART Objective:

Increase the number of youth trained in the Taking Down Tobacco curriculum either online or in-person from 0 to 40 by June 30th, 2019.

Multi-Year SMART Objective:

Increase the number of youth who have completed all of the Taking Down Tobacco Become a Trainer courses from 0 to 15 by June 30th, 2020.



Increase the number of youth engaged in tobacco control efforts.

1. Coordinate with Jones County School District to recruit for youth to establish Resist Chapters at both Sunshine High and Starlight Middle School.
2. Submit completed Resist Chapter Form to Resist Program Manager.
3. All members of Resist Chapter will complete Taking Down Tobacco/101 via online course or in-person training provided by Resist Council Member, a certified Taking Down Tobacco trainer.
4. 3 members of Resist Chapter will complete Taking Down Tobacco Become a Trainer's online courses.
5. Each Resist Member who completes the Become a Trainer courses will train at least 15 youth in the Taking Down Tobacco 101 course in-person at both Sunshine High and Starlight Middle School.
6. Request reports quarterly from the Campaign for Tobacco Free Kids for all Taking Down Tobacco online knowledge and action courses for Jones County, Kansas.
7. Create a tracking process to analyze data reports provided by the Campaign for Tobacco Free Kids to quantify the number of Youth trained through Taking Down Tobacco.



Goal 2: Eliminate nonsmokers' exposure to secondhand smoke

1. Increase the number of multi-unit dwellings with smoke-free policies in combination with cessation support.
2. Increase the number of tobacco-free policies in worksites, in combination with cessation and enforcement support, with a focus on low wage worksites.
3. Increase the number of tobacco-free policies in settings where people gather (e.g., parks, trails, farmers markets, sports arenas and outdoor work areas).



Secondhand Smoke (2)-Increase the number of tobacco-free policies in worksites, in combination with cessation and enforcement support, with a focus on low wage worksites.



Annual SMART Objective:

By June 30th, 2019 increase the number of locally owned restaurants that implement tobacco free worksite policies with cessation support from 0 of 20 to 2 of 20.

Multi-year SMART Objective:

By June 2022, increase the number of locally owned restaurants that implement tobacco free worksite policies with cessation support from 2 of 20 to 13 of 20.

Secondhand Smoke (2)-Increase the number of tobacco-free policies in worksites, in combination with cessation and enforcement support, with a focus on low wage worksites.



Action Steps:

1. Contact locally owned restaurants to identify if there is a tobacco-free policy in place.
2. Identify which restaurant owners are interested in implementing tobacco-free policies.
3. Provide educational resources to employers on tobacco-free policies, including sample policies.
4. Establish a work group of employees at each site consisting of staff and supervisors to develop a written policy that includes cessation support and enforcement. Develop a timeline and set an implementation date.
5. Educate employees and post signage.
6. Provide cessation support opportunities.
7. Celebrate implementation day.
8. Provide ongoing TA to each worksite as needed.
9. Evaluate effectiveness of policy 6 months after implementation. Make changes as necessary – more education, more signs, better support for tobacco users.



Goal 3: Promote quitting among adults and young people

1. Promote adoption of the *Kansas Tobacco Guideline for Behavioral Health Care* by behavioral health care facilities.
2. Establish tobacco dependence screening, referral and treatment systems within clinics.
3. Establish tobacco cessation screening, referral and counseling systems targeting healthcare providers serving women during the perinatal period.
4. Number of individuals referred to the Kansas Tobacco Quitline phone or web-based service by a healthcare professional.



Cessation (3) - Establish tobacco cessation screening, referral and counseling systems targeting healthcare providers serving women during the perinatal period.

By June 30, 2019 increase the number of women who participate in SCRIPT[®] or BMTF program from 5 to 50.

By June 30, 2022, increase the number of health care provider organizations that implement evidence-based perinatal focused smoking cessation programs from 0 (0 of 4) to 2 (2 of 4) clinics.



Establish tobacco cessation screening, referral and counseling systems targeting healthcare providers serving women during the perinatal period.

Example Action Steps

- 1) Establish and coordinate a local MCH coalition that includes clinical care providers
- 2) Provide information to clinical care providers on the SCRIPT[®] or BMTF program
- 3) Host SCRIPT[®] or BMTF programs at the local health department
- 4) Recruit women participating in the WIC program to enroll in the SCRIPT[®] or BMTF program
- 5) Promote the SCRIPT[®] or BMTF program at Community Baby Shower events



Programs, Training and Resources

Programs and Training

- SCRIPT
- Baby and Me Tobacco Free
- Program Integration Training
- Brief Tobacco Intervention
- Motivational Interviewing
- Tobacco Treatment Specialist
- Provider NRT CEU's

Resources

- Tobacco Cessation Integration Toolkit
- Aid-To-Local Grantee Guidance
- Catalyst and DAISEY Evaluation Systems



Goal 4: Increase physical activity, access to healthy foods, and community resiliency

1. Establish new food policy councils and/or implement one or more food policy council priorities that advance policy, system, and environmental changes
2. Form or strengthen bike/walk planning advisory committees
3. Adopt and/or implement design standards to increase active transportation
4. Improve public spaces by developing/implementing a creative placemaking project and/or repurpose infrastructure and vacant property
5. Promote and support breastfeeding



3. Adopt and/or implement design standards to increase active transportation



Example SMART objectives

Multi-year SMART Objective: by June 30, 2021, increase the number of Fillmore County jurisdictions that have adopted community-wide design standards from 1 to 5.

Annual Milestone: by June 30, 2019, increase the number of Fillmore County jurisdictions that have adopted community-wide design standards from 1 to 3.

Non-SMART objective: Improve active transportation in the community.



3. Adopt and/or implement design standards to increase active transportation

Example action steps for chosen strategy

1. Develop partnerships with organizations interested in developing a plan.
2. Develop relationships with decision-makers.
3. Lead community engagement efforts for buy-in and input on plan.
4. Finalize the plan with partners and community stakeholders.
5. Promote adoption of the plan by city council.
6. Get on City Council Schedule for a vote on the plan.





Kansas
Breastfeeding
Coalition, Inc.



Brenda Bandy, IBCLC
Executive Director
Kansas Breastfeeding
Coalition

Promote & Support Breastfeeding



5. Develop *systems* to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community

Example SMART objectives:

- Multi-year SMART Objective: by June 30, 2021, increase the number of physician practices in Fillmore County who have achieved 3+ “star” ***Breastfeeding Friendly Physician Practice*** designation from the Kansas Chapter of the AAP from 0 to 5.
- Annual Milestone: by June 30, 2019, increase the number of physician practices in Fillmore County who have achieved 3+ “star” ***Breastfeeding Friendly Physician Practice*** designation from the Kansas Chapter of the AAP from 0 (baseline) to 1.





Action Steps

1. Start & support a local breastfeeding coalition
2. Assist physician offices enroll in KS AAP *Breastfeeding Friendly Physicians Practice* program
3. Help worksites obtain the Silver or Gold level *Breastfeeding Employee Support Award* & submit application on their behalf
4. Fund local health clinicians to attend breastfeeding education programs/courses
5. Host a local breastfeeding education event

Contact Information

Brenda Bandy, IBCLC

bbandy@ksbreastfeeding.org

(785) 477-4666

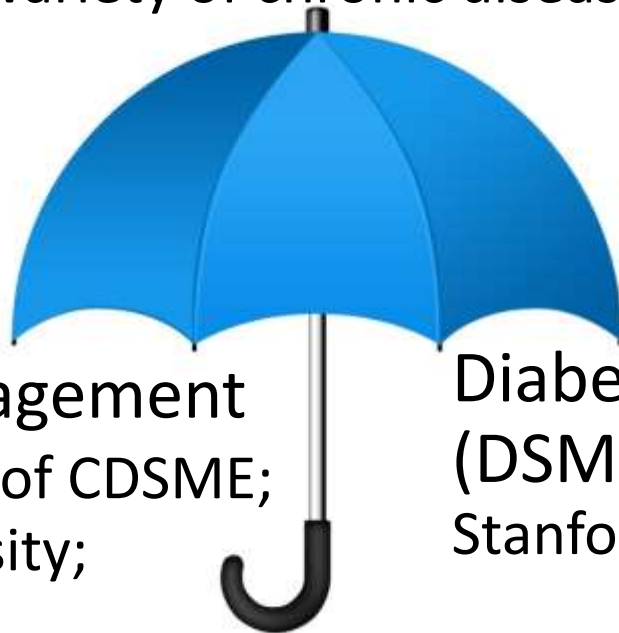
KBC website – www.ksbreastfeeding.org

Goal 5: Increase the ability of those with chronic disease to manage their condition(s)

Promote and coordinate the expansion of CDSME programming opportunities and their reach



Chronic Disease Self-Management Education (CDSME)-broad, umbrella term used for a variety of chronic disease self-management programs



Chronic Disease Self-Management Program (CDSMP) – a type of CDSME; developed by Stanford University;

Diabetes Self-Management Program (DSMP) – a type of CDSME; developed by Stanford University

Tomando Control de su Salud – a type of CDSME; developed by Stanford University; Spanish version of CDSMP

Programa de Manejo Personal de la Diabetes – a type of CDSME; developed by Stanford University; Spanish version of DSMP



A partnership for better health



Promote and coordinate the expansion of CDSME programming opportunities

Example SMART Objectives:

Multi-year SMART Objective:

By June 30, 2021, the number of health care providers referring patients to CDSME will increase from 0 to 4.

Annual SMART Objective:

By June 30, 2019, the number of organizations delivering CDSME workshops consistently will increase from 1 to 3.



Promote and coordinate the expansion of CDSME programming opportunities

Required Action Steps:

1. Engage one or more organizations to commit to being delivery-system partners
 - 2 or more workshops
 - Designated CDSME Coordinator
2. Provide TA to local leaders and organizations while they coordinate and implement workshops.
3. Assist in marketing/promotion efforts (e.g., distribute educational materials to recruit participants, leverage earned media to recruit partner organizations and participants)
4. Assist leaders with collection and submission of workshop forms to the Kansas Foundation for Medical Care.
5. Work with KDHE CDSME Coordinator to identify and recruit **one or more healthcare providers** as referral partners.















Application Instructions

- KDHE Aid-to-Local Site
- Fillable forms
 - Administration (Implementation Applicants only)
 - Planning Phase Form (for Planning Applicants only)
 - Coalition Members Form
 - Detailed Budget
 - Salary Worksheet
 - Work Plan Forms by Goal and Strategy area
- Submit forms to Community Health Specialist assigned to your region by March 31st

Administration-Implementation Applicants Only Form [Read-Only] - Word

REFERENCES MAILINGS REVIEW VIEW ACROBAT

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Paragraph Styles

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Chronic Disease Risk Reduction SFY2019 Applicant Organization: [Click here to enter text.](#)

Administration - Implementation Applicants Only Form

What county or counties will be served?
[Click here to enter text.](#)

Community Profile & Statement of Need - Provide a clear and specific description of the community that includes data from existing resources on community demographics and the prevalence of behaviors and/or chronic diseases. Provide a clear and full explanation of how the funds will benefit the community through the selected work plans. (Recommended length is no more than 500-700 words)
[Click here to enter text.](#)

Community Capacity - Describe plan for staff, partnership collaboration, resources, and necessary training and tools needed to support the work plans. (Recommended length is no more than 500-700 words)
[Click here to enter text.](#)

Health Equity - Provide details on community plan for engaging and impacting populations experiencing preventable health inequities and how your community will work to advance health equity community wide.
[Click here to enter text.](#)

Administration - Implementation Applicants Only Form

Community Profile & Statement of Need - Provide a clear and specific description of the community that includes data from existing resources on community demographics and the prevalence of behaviors and/or chronic diseases. Provide a clear and full explanation of how the funds will benefit the community through the selected work plans. (Recommended length is no more than 500-700 words)

[Click here to enter text.](#)

Community Capacity - Describe plan for staff, partnership collaboration, resources, and necessary training and tools needed to support the work plans. (Recommended length is no more than 500-700 words)

[Click here to enter text.](#)

Health Equity - Provide details on community plan for engaging and impacting populations experiencing preventable health inequities and how your community will work to advance health equity community wide.

Click here to enter text.

Coalition Members Form

Chronic Disease Risk Reduction Coalition Members

Coalition Name and County: _____

Coalition Members and/or partners: By listing your name on this form you are acknowledging that you or your organization are an ACTIVE member of the coalition and/or a work group and that you contribute to progress in at least one of the following areas: tobacco prevention and control, physical activity/nutrition (PAN) promotion, or worksite wellness (WW). If not affiliated with an organization simply list your name.

Main social institutions representation:









Sector	Organization Name	Town represented in the county	Tobacco / PAN / WW	Name
K-12 Schools				
Faith Community				
Business				
Government *				
Media				
Health Agency				

*Could be law enforcement, city administrator, etc. If working on Physical Activity and Nutrition, must include planning/transportation representation.

-continued-

Detailed Budget

reip

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Detail Budget for Grant Funds
SFY 2019 July 1, 2018 - June 30, 2019

Local Agency:

Print Form

Formulas are set to round numbers to the nearest dollar.

Program: Chronic Disease Risk Reduction (CDRR)

	Name/Position	Annual Salary for Grant Period	% of Time Worked	Total	Grantees Share	Total Requested From Grant
Add Line				\$.00		\$.00
Salary Total				\$.00		\$.00

Benefits	Total	Grantees Share	Total Requested From Grant
Add Line			
Category Total			

Travel	Total	Grantees Share	Total Requested From Grant
Add Line			
Category Total			

Supplies	Total	Grantees Share	Total Requested From Grant
Add Line			
Supplies Total			

Subcontractors	Total	Grantee Share	Total Requested From Grant
Add Line			
Capital Equipment Total			

Paid Media/Other (Itemize)	Total	Grantee Share	Total Requested from Grant

Salary Worksheet

Please complete salary spreadsheet & enter information in blue highlighted columns. Brown shaded fields will automatically populate based on information entered.

Chronic Disease Risk Reduction Salary Worksheet

Local Agency Name:

	Employee Name	Position Title	Total Hours Worked Per Week	Percent of Time Spent on CDRR Grant per Week	Total Hours Worked Per Week on CDRR Grant	Total Salary	CDRR Total Funded Salary	Percent of grant time allocated to Tobacco Use Prevention	Percent of grant time allocated to Physical Activity & Nutrition	Percent of grant time allocated to Chronic Disease Self-Management
Example	Example - Jane Doe	Coordinator	40	50%	20	\$50,000.00	\$25,000.00	50%	40%	10%
								\$12,500.00	\$10,000.00	\$2,500.00
1			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
2			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
3			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
4			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00

Prevention 1_Youth Engagement [Read-Only] - Word

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Chronic Disease Risk Reduction SFY2019 Applicant Organization: [Click here to enter text.](#)

Prevention (1): Increase the number of youth engaged in tobacco control efforts. Must promote, recruit and train youth in the Taking Down Tobacco online training program (e.g., establishment of a youth tobacco coalition/Resist chapter, establishment of youth-adult partnerships on existing tobacco coalition, counter marketing campaigns)

Multi-year SMART Objective - Multi-year Objective must be SMART - Specific, Measurable, Achievable and Time-bound. The multi-year objective will lead to progress on required performance measures and be clearly tied to the work plan.
[Click here to enter text.](#)

Annual Objective must be SMART - Specific, Measurable, Achievable and Time-bound. The annual objective should ultimately lead to progress on multi-year objective and required performance measures.
[Click here to enter text.](#)

Target Population - describe and quantify the group of people this activity will help. Please use existing data sources. See list of recommended data sources found in the request for proposal.
[Click here to enter text.](#)

Target Organizations - describe and quantify - List organizations this activity will impact. If you plan to help students, then the organization would be the schools you plan to work with. If you want to work with employees, then the organization would be their employer.
[Click here to enter text.](#)

Action Steps - 5-10 steps - Action steps are purposeful, logical and will lead to significant progress on objectives.
[Click here to enter text.](#)

Performance Measures and Data Sources - Required performance measures for each work plan are provided here. Include data sources and baseline value for each performance measure. Applicant may list additional measures to track throughout the year to demonstrate progress. Focus on a few important measures.

1. **Number of youth who have completed the Tobacco 101 online training course (found at Taking Down Tobacco website - <http://www.takingdowntobacco.org/training-menu>).**
Data Source: [Click here to enter text.](#)

PAGE 1 OF 2 5 OF 633 WORDS

Prevention 1_Youth Engagement [Read-Only] - Word

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2. **Number of youth who have completed all of the Taking Down Tobacco Become a Trainer courses: Taking Down Tobacco 101, Become a Trainer, and The Core 4 (Messaging Matters, Activities that Kick Butts, Informing Decision-Makers, and Mastering the Media).**
Data Source: [Click here to enter text.](#)
Baseline Value: [Click here to enter text.](#)

Additional Performance Measures
Proposed Performance Measure: [Click here to enter text.](#)
Data Source: [Click here to enter text.](#)
Baseline Value: [Click here to enter text.](#)

Proposed Performance Measure: [Click here to enter text.](#)
Data Source: [Click here to enter text.](#)
Baseline Value: [Click here to enter text.](#)

Communication interventions can be powerful tools for promoting and facilitating change and shaping social norms related to healthy outcomes. An effective health communication intervention delivers strategic, culturally appropriate messages that are impactful and sustained and that are integrated into an overall program effort. Typically, effective health communication interventions and counter-marketing strategies employ a wide range of efforts. In this section, describe proposed earned media, social media, public relations efforts, and paid media activities.

Earned Media - Describe activities to capitalize on local interventions, national reports/data releases and current events to generate at least four instances of earned media.
[Click here to enter text.](#)

Describe activities for at least two public relations efforts geared toward policy makers and focused on priority policy issues.
[Click here to enter text.](#)

Describe activities for any social media activities.
[Click here to enter text.](#)

Optional Paid Media - Describe activities to perform proposed paid media activities including paid contact content on social media.
[Click here to enter text.](#)

Evidence and Long-Term Impact - Describe how work plan is evidence based, linked to sustainable policy, systems or environmental changes, shows synergy with other work in the community, and appears very likely to produce significant long term positive impact. (Recommended length is no more than 500-700 words)

PAGE 2 OF 2 5 OF 633 WORDS

Q and A Period



"That concludes my prepared remarks.
I'll take questions that fit my prepared answers."